STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968641	**06/30/2016**
NAME OF PROVIDER OR SUPPLIER **NEW AGE ADULTCARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1105 W 2ND AVENUE** **HIALEAH, FL 33010**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

A Complaint (CCR #2016004959) Survey was conducted on 5/24/16 and 6/30/16. New Age Adultcare Inc had deficiencies identified which were cited under the Standard Biennial survey.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 25, 2016

Administrator
New Age Adultcare Inc
1105 W 2nd Avenue
Hialeah, FL 33010
CCR #2016004959

Dear Administrator:

This letter reports findings of a Complaint licensure survey that was conducted on June 30, 2016 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

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